# Interpretation of Bioassay Measurements

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#### ABSTRACT

This is a comprehensive manual describing how to compute intakes from both in-vivo and in-vitro bioassay measurements. interpretations of intake have been inconsistent, particularly in the early phases after an accidental intake. This manual is aimed at completely describing a consistent approach and instructing others on how to compute intakes and committed organ dose equiva-Tables for the interpretation of bioassay results are compiled for several hundred radionuclides. Measurements which employ a whole-body counter, a thyroid counter, a lung counter, or measurements on excreta can be converted into estimates of intake based on the tables presented in the appendices. The values in the tables were determined by using lung, gastrointestinal tract and systemic retention models published by the International Commission on Radiological Protection (ICRP79). In a few cases, pseudoretention functions, organ retention functions, and excretion functions were used to generate the tabulated values. The biological and radiological input parameters are included in an appendix, and a description of the mathematical approach that was used to derive the tabulated data is included in the methods section. Calculations for various particle sizes are addressed along with methods to interpret multiple or continuous exposures. Examples of use are based on actual bioassay measurements following accidental intakes, including tritium, Mn-54, Co-60, Sr-90, Nb-95, radioiodines, Cs-137, Ce-141, Ce-144, U-233, U-Nat, and Am-241.

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### PREFACE

The purpose of this report is to provide a practical and consistent method for estimating intakes from bioassay measurements, and to provide guidance in order to establish an effective internal radiation protection program. procedure for estimating intakes provides a way to rapidly assess the signifi-Users of this document will be able to demonstrate cance of an exposure. compliance with the provisions of 10CFR Part 20, and be able to assure adequate interpretation of bioassay measurements. Additionally this report may be useful in order to (1) establish derived investigation levels in the body or in excreta of exposed persons, (2) determine the frequency of monitoring individuals, and (3) determine the appropriate method of monitoring. Users of this document will be able to adjust their estimate of intake for particle sizes between 0.2 and 10 micrometers, and be able to interpret measurements associated with single, multiple or continuous intakes. Use of this report may also lead to further refinement of models which are used to interpret bioassay measurements.

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